

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27358

File No.
Registered No. St. Ward

1. PLACE OF DEATH

County Polk
Township Moorey
City Pleasant Hope (No.)

Registration District No. 710
Primary Registration District No. 3939

2. FULL NAME

Julia J. Edwards

(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Eli Edwards
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 7 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Madamey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Jaura Gouth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho

17. INFORMANT (ADDRESS) Mrs. J. B. Neff, Pleasant Hope

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Springs DATE Aug. 8, 1933

19. UNDERTAKER (ADDRESS) W. E. Albright, Pleasant Hope, Mo.

20. FILED Aug 19, 1933 Estelle Benton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1933, to Aug 7, 1933
I last saw her alive on Aug 7, 1933. Death is said to, have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Cancer of the stomach
Aug 13 1933
Other contributory causes of importance: 6

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify W. E. Albright, M. D.
(Signed) Pleasant Hope Mo
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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